

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

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FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Elizabeth M Moore | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 1223 Silver Sage Dr Apt 303 | | Amount 20.00 | |
| City Raleigh | State NC | Zip Code 27606 | Transaction ID : a2a02cd8-aa96-469c-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Elizabeth M Moore | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 1223 Silver Sage Dr Apt 303 | | Amount 6.39 | |
| City Raleigh | State NC | Zip Code 27606 | Transaction ID : 6902418a-0f68-434f-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 26.39 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div> | |

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|---|-------------|-----------------------|---|--|--|
| Full Name of Payee Eric J Smith | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | | |
| Mailing Address 4967 Dysartville | | | Amount 80.00 Transaction ID : 86055331-c61d-4992-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | | |
| City Morganton | State NC | Zip Code 28655 | | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Ms. Kay Hagan <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate</div> <div>District: 00</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> President</div> <div>State: NC</div> </div> | | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | | | | |
| Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | | | | |

| | | | | | |
|---|-------------|-----------------------|---|--|--|
| Full Name of Payee Jennifer E Smith | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | | |
| Mailing Address 4967 Dysartville Rd | | | Amount 80.00 Transaction ID : d21b21e3-73d0-4861-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | | |
| City Morganton | State NC | Zip Code 28655 | | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Ms. Kay Hagan <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate</div> <div>District: 00</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> President</div> <div>State: NC</div> </div> | | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | | | | |
| Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | | | | |

| | |
|--|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 160.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 15 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div> | |

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|---|-------------|-----------------------|---|--|--|
| Full Name of Payee Jennifer E Smith | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | | |
| Mailing Address 4967 Dysartsville Rd | | | Amount 10.50 | | |
| City Morganton | State NC | Zip Code 28655 | Transaction ID : b2991d76-6d6d-41ab-8 | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | | |
| Name of Federal Candidate Ms. Kay Hagan | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|---|-------------|-----------------------|---|--|--|
| Full Name of Payee Elizabeth M Moore | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | | |
| Mailing Address 1223 Silver Sage Dr Apt 303 | | | Amount 20.00 | | |
| City Raleigh | State NC | Zip Code 27606 | Transaction ID : 45054bf3-0c14-4462-9 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | | |
| Name of Federal Candidate Ms. Kay Hagan | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 30.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|---|-----------------------------|---|--|
| Full Name of Payee Elizabeth M Moore | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 1223 Silver Sage Dr Apt 303 | | Amount 9.96 | |
| City Raleigh | State NC | Zip Code 27606 | Transaction ID : 466fac6e-0d2d-477b-a |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|-----------------------------|---|--|
| Full Name of Payee Monique Guillory | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 409 LaSalle Drive | | Amount 10.00 | |
| City Little Rock | State AR | Zip Code 72211 | Transaction ID : b18f778e-d105-47e0-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 19.96 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | |

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|---|-------------------|--|--|
| Full Name of Payee Monique Guillory | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | |
| Mailing Address 409 LaSalle Drive | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div> | |
| City Little Rock | State AR | Zip Code 72211 | Transaction ID : 1aa6dc96-7eee-4c21-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> |
| Purpose of Expenditure Mileage | Category/Type 002 | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div> |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|-------------------|--|--|
| Full Name of Payee Monique Guillory | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | |
| Mailing Address 409 LaSalle Drive | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div> | |
| City Little Rock | State AR | Zip Code 72211 | Transaction ID : d04dfb03-7d06-4e5d-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> |
| Purpose of Expenditure Salary | Category/Type 001 | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div> |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">10.30</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Monique Guillory | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 409 LaSalle Drive | | Amount 0.30 | |
| City Little Rock | State AR | Zip Code 72211 | Transaction ID : 905635f9-add1-4cf1-8 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--|-----------------------------|---|--|
| Full Name of Payee Krystal A Wilson | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 448 Judson Dr | | Amount 40.00 | |
| City Wake Forest | State NC | Zip Code 27587 | Transaction ID : 6dd32fbd-4f6d-4c08-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 40.30 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|---|-----------------------------|---|--|
| Full Name of Payee James Kindstedt | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 5510 Dogwood Dr | | Amount 32.50 | |
| City Winston Salem | State NC | Zip Code 27105 | Transaction ID : fe8f9ea6-06fc-4505-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|-----------------------------|---|--|
| Full Name of Payee James Kindstedt | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 5510 Dogwood Dr | | Amount 7.83 | |
| City Winston Salem | State NC | Zip Code 27105 | Transaction ID : 6156c21a-ab78-4247-8 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 40.33 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|---|-----------------------------|---|--|
| Full Name of Payee Joanna Kindstedt | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 2134 Tobaccoville Rd | | Amount 32.50 | |
| City Rural Hall | State NC | Zip Code 27045 | Transaction ID : a4b339a9-f1b9-4926-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|-----------------------------|---|--|
| Full Name of Payee William M Goldsmith | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 211 Pearl St | | Amount 65.00 | |
| City Drexel | State NC | Zip Code 28619 | Transaction ID : 2859e6b5-c699-404b-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 97.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Signature

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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee William M Goldsmith | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 211 Pearl St | | Amount 21.63 | |
| City Drexel | State NC | Zip Code 28619 | Transaction ID : 5d200c8c-3332-4782-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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| Full Name of Payee Lorri Anderson | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 7214 Duchamp Dr | | Amount 20.00 | |
| City Charlotte | State NC | Zip Code 23215 | Transaction ID : 1fd1b453-9110-48c3-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 41.63 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 10 OF 124
 FOR SE OF FORM 24/48

| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|---|-------------|--|--|--|--|
| Full Name of Payee Lorri Anderson | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div> | | |
| Mailing Address 7214 Duchamp Dr | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12.90</div> | | |
| City Charlotte | State NC | Zip Code 23215 | Transaction ID : 9226eac4-b215-428a-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div> | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Name of Federal Candidate Ms. Kay Hagan | | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

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|---|-------------|--|--|--|--|
| Full Name of Payee Regina R Mouton | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div> | | |
| Mailing Address 5827 Brighton Pl | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div> | | |
| City New Orleans | State LA | Zip Code 70131 | Transaction ID : ec80c321-3cb6-42e1-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div> | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Name of Federal Candidate Ms. Mary L Landrieu | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">42.90</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|--|---|--|
| Full Name of Payee Regina R Mouton | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div> | |
| Mailing Address 5827 Brighton Pl | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9.00</div> | |
| City New Orleans | State LA | Zip Code 70131 | Transaction ID : 7fc5d73f-5cbb-4129-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div> |
| Purpose of Expenditure Mileage | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

116531.66

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| Full Name of Payee Adena V Smith | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div> | |
| Mailing Address 450 Judson Dr | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div> | |
| City Wake Forest | State NC | Zip Code 27587 | Transaction ID : 8230b301-cd64-406e-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div> |
| Purpose of Expenditure Salary | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Ms. Kay Hagan | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

304462.73

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">49.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

MM / DD / YYYY
09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 12 OF 124
FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Adena V Smith | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 450 Judson Dr | | Amount 10.20 | |
| City Wake Forest | State NC | Zip Code 27587 | Transaction ID : 4912a422-c3cc-4ee0-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Brenda L McCune | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 1254 Fleming St Apt 6 | | Amount 15.00 | |
| City Conway | State AR | Zip Code 72032 | Transaction ID : 1b7c001d-2554-4b1c-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 92637.65 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 25.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 13 OF 124
FOR SE OF FORM 24/48

| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|--|---|--|
| Full Name of Payee Brenda L McCune | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div> | |
| Mailing Address 1254 Fleming St Apt 6 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12.60</div> | |
| City Conway | State AR | | |
| Purpose of Expenditure Mileage | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | Transaction ID : 43e98bea-6b12-4473-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div> | |
| Name of Federal Candidate Mr. Mark L Pryor | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">92637.65</div> | | | |

| | | | |
|--|--|---|--|
| Full Name of Payee Laura U Logie | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div> | |
| Mailing Address 2565 Shire Circle | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div> | |
| City Harrisonburg | State VA | | |
| Purpose of Expenditure Salary | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | Transaction ID : 26fb286c-6ba9-426d-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div> | |
| Name of Federal Candidate Ms. Kay Hagan | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">304462.73</div> | | | |

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|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">32.60</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 14 OF 124
FOR SE OF FORM 24/48

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

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|---|-----------------------|---|
| Full Name of Payee Sandra L Clarke | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 |
| Mailing Address 1254 Fleming St Apt 6 | | Amount 25.00 |
| City Conway | State AR | Zip Code 72032 |
| Purpose of Expenditure Salary | Category/ Type 001 | Transaction ID : 2e05d069-cd11-4ada-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 |
| Name of Federal Candidate Mr. Mark L Pryor | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|---|-----------------------|---|
| Full Name of Payee Joseph R Rys | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 |
| Mailing Address 160 #50 Pompano Dr | | Amount 45.00 |
| City New Bern | State NC | Zip Code 28560 |
| Purpose of Expenditure Salary | Category/ Type 001 | Transaction ID : 3b336130-ba48-48d4-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 |
| Name of Federal Candidate Ms. Kay Hagan | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 70.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 15 OF 124
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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|---|--------------------|--|---|--|--|
| Full Name of Payee Joseph R Rys | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | | |
| Mailing Address 160 #50 Pompano Dr | | | Amount 5.73 | | |
| City New Bern | State NC | Zip Code 28560 | Transaction ID : 7dffe85c-c4e7-41ca-b | | |
| Purpose of Expenditure Mileage | | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|--|--------------------|--|---|--|--|
| Full Name of Payee Matt M Clarke | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | | |
| Mailing Address 1254 Fleming St Apt 6 | | | Amount 25.00 | | |
| City Conway | State AR | Zip Code 72032 | Transaction ID : c9849c7d-ffdd-438c-8 | | |
| Purpose of Expenditure Salary | | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | | |
| Calendar Year-To-Date Per Election for Office Sought 92637.65 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 30.73 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div> | |

| | | | | | |
|--|-------------|-----------------------|---|--|--|
| Full Name of Payee Matt M Clarke | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div> | | |
| Mailing Address 1254 Fleming St Apt 6 | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 12.00 </div> | | |
| City Conway | State AR | Zip Code 72032 | Transaction ID : 4c71c64a-42b6-4793-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div> | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div> | | |
| Name of Federal Candidate Mr. Mark L Pryor | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | | |
| <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 92637.65 </div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|--|-------------|-----------------------|---|--|--|
| Full Name of Payee Cecilla A Rebrick | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div> | | |
| Mailing Address 5003 Allison Lane | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 40.00 </div> | | |
| City Ft. Smith | State AR | Zip Code 72901 | Transaction ID : eaf29495-a6fa-4c93-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div> | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div> | | |
| Name of Federal Candidate Mr. Mark L Pryor | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | | |
| <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 92637.65 </div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 52.00 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 00.00 </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 52.00 </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|---|-------------|--|--|--|--|
| Full Name of Payee Cecilia A Rebrick | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div> | | |
| Mailing Address 5003 Allison Lane | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1.50</div> | | |
| City Ft. Smith | State AR | Zip Code 72901 | Transaction ID : 6d43a643-e2ed-482c-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div> | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Name of Federal Candidate Mr. Mark L Pryor | | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|---|-------------|--|--|--|--|
| Full Name of Payee Lisa Booth | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div> | | |
| Mailing Address 1434 South Avenue | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div> | | |
| City Eden | State NC | Zip Code 27288 | Transaction ID : f4b534d9-31a7-46b0-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div> | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Name of Federal Candidate Ms. Kay Hagan | | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">101.50</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 15 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 18 OF 124
FOR SE OF FORM 24/48

| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Lisa Booth | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 1434 South Avenue | | Amount 14.40 | |
| City Eden | State NC | Zip Code 27288 | Transaction ID : d3176dd7-8c4b-4da3-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Ralph Smith | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 2090 Fancy Gap Rd | | Amount 40.00 | |
| City Mt. Airy | State NC | Zip Code 27030 | Transaction ID : ea339b11-039e-4aa9-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 54.40 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|---|-------------|---|--|
| Full Name of Payee Ralph Smith | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div> | |
| Mailing Address 2090 Fancy Gap Rd | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">24.84</div> | |
| City Mt. Airy | State NC | Zip Code 27030 | Transaction ID : 91702e0a-b0f7-41b8-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div> |
| Purpose of Expenditure Mileage | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">304462.73</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|---|-------------|---|--|
| Full Name of Payee Tammay Williams | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div> | |
| Mailing Address 924 N. Prieur St | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div> | |
| City New Orleans | State LA | Zip Code 70116 | Transaction ID : f0f0408d-eaee-4ca9-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div> |
| Purpose of Expenditure Salary | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">116531.66</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">104.84</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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09 / 15 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 20 OF 124
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Tammy Williams | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 924 N. Prieur St | | Amount 15.00 | |
| City New Orleans | State LA | Zip Code 70116 | Transaction ID : d3362e44-5b2d-47a5-8 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 116531.66 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Nathan S Shaw | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 5726 NC Hwy 66 S | | Amount 25.00 | |
| City King | State NC | Zip Code 27021 | Transaction ID : a2c0e3d0-8d56-469b-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 40.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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09 / 15 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div> | |

| | | | | | |
|---|-------------|-----------------------|---|--|--|
| Full Name of Payee Nathan S Shaw | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | | |
| Mailing Address 5726 NC Hwy 66 S | | | Amount 12.30 | | |
| City King | State NC | Zip Code 27021 | Transaction ID : fcfb7c02-74f1-4e47-8 | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | | |
| Name of Federal Candidate Ms. Kay Hagan | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|---|-------------|-----------------------|---|--|--|
| Full Name of Payee Antoinette Franklin | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | | |
| Mailing Address 8822 Apple St | | | Amount 65.00 | | |
| City New Orleans | State LA | Zip Code 70188 | Transaction ID : 50efb97d-b43a-4d61-9 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 116531.66 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 77.30 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 22 OF 124
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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Eric Wilson | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 907 Randall Drive | | Amount 40.00 | |
| City Searcy | State AR | Zip Code 72149 | Transaction ID : 7a776678-4e71-444d-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 92637.65 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Eric Wilson | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 907 Randall Drive | | Amount 35.70 | |
| City Searcy | State AR | Zip Code 72149 | Transaction ID : 85af79b2-c7d9-4bbf-a |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 92637.65 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 75.70 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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Date

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 23 OF 124
FOR SE OF FORM 24/48

| | | | |
|--|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ | |
| | | <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> C C00530766 </div> | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | |

| | | | | | |
|---|-------------|---|---|--|--|
| Full Name of Payee Beau Autin | | | Date of Public Distribution/Dissemination | | |
| Mailing Address 345 Auroura Ave | | | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | | |
| City Metairie | State LA | Zip Code 70006 | Amount <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">65.00</div> | | |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">001</div> | Transaction ID : d62cf21a-32f5-4172-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|---|-------------|---|---|--|--|
| Full Name of Payee Beau Autin | | | Date of Public Distribution/Dissemination | | |
| Mailing Address 345 Auroura Ave | | | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | | |
| City Metairie | State LA | Zip Code 70006 | Amount <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">7.11</div> | | |
| Purpose of Expenditure Mileage | | Category/ Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">002</div> | Transaction ID : ec2dc935-f6d3-4a15-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">72.11</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | |

| | | | |
|---|-----------------------|--|---------------------------------------|
| Full Name of Payee Theresa a Youngblood | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | |
| Mailing Address 102 S Main Street Apt A2 | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">70.00</div> | |
| City Berryville | State VA | Zip Code 22611 | Transaction ID : e4fe1470-c656-4466-8 |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">304462.73</div> | |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------|--|---------------------------------------|
| Full Name of Payee Virginia M Stevens | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | |
| Mailing Address 1691 Fork Mtn Rd | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">70.00</div> | |
| City Bakersville | State NC | Zip Code 28705 | Transaction ID : 988b23f8-40bb-4e0a-a |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">304462.73</div> | |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">140.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|---|-------------|--|---|--|--|
| Full Name of Payee Virginia M Stevens | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | | |
| Mailing Address 1691 Fork Mtn Rd | | | Amount 33.60 | | |
| City Bakersville | State NC | Zip Code 28705 | Transaction ID : d88d6f23-ee9a-4ad2-a | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|---|-------------|--|---|--|--|
| Full Name of Payee Malinda Ledford | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | | |
| Mailing Address 44 Bell Street Ext | | | Amount 70.00 | | |
| City Spruce Pine | State NC | Zip Code 28777 | Transaction ID : 7a7b6798-c8af-4371-a | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 103.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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09 / 15 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 26 OF 124
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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Malinda Ledford | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 44 Bell Street Ext | | Amount 33.60 | |
| City Spruce Pine | State NC | Zip Code 28777 | Transaction ID : d5b09e43-f796-487f-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Carol L Walters | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 1900 Glen West Way | | Amount 75.00 | |
| City Fort Smith | State AR | Zip Code 72916 | Transaction ID : 6883bc6d-3351-4709-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 92637.65 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 108.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 15 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 27 OF 124
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|--|-----------------------|---|
| Full Name of Payee Carol L Walters | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 |
| Mailing Address 1900 Glen West Way | | Amount 4.20 |
| City Fort Smith | State AR | Zip Code 72916 |
| Purpose of Expenditure Mileage | Category/ Type 002 | Transaction ID : aac75037-d5ba-448b-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 |
| Name of Federal Candidate Mr. Mark L Pryor | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought 92637.65 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|--|-----------------------|---|
| Full Name of Payee Edward N Walker | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 |
| Mailing Address 3 Girard St | | Amount 40.00 |
| City Ft Smith | State AR | Zip Code 72901 |
| Purpose of Expenditure Salary | Category/ Type 001 | Transaction ID : f252ee65-f9f0-41e4-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 |
| Name of Federal Candidate Mr. Mark L Pryor | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought 92637.65 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 44.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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09 / 15 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 28 OF 124
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Edward N Walker | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 3 Girard St | | Amount 12.60 | |
| City Ft Smith | State AR | Zip Code 72901 | Transaction ID : 7f5043b7-980e-492c-8 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 92637.65 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Sue G Walker | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 3 Girard | | Amount 60.00 | |
| City Fort Smith | State AR | Zip Code 72901 | Transaction ID : f74d3d30-a0ce-4a2f-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 92637.65 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 72.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 15 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ | |
| | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | |

| | | | | | |
|---|-------------|-----------------------|--|--|--|
| Full Name of Payee Sue G Walker | | | Date of Public Distribution/Dissemination | | |
| Mailing Address 3 Girard | | | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | | |
| City Fort Smith | State AR | Zip Code 72901 | Amount 13.20 | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Transaction ID : 9715ce25-3ad5-4923-b Date of Disbursement or Obligation | | |
| Name of Federal Candidate Mr. Mark L Pryor | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">92637.65</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|---|-------------|-----------------------|--|--|--|
| Full Name of Payee Kenny Wallis | | | Date of Public Distribution/Dissemination | | |
| Mailing Address 6412 Osage Dr | | | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | | |
| City North Little rock | State AR | Zip Code 72116 | Amount 35.00 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Transaction ID : d17f56d7-745f-4a22-b Date of Disbursement or Obligation | | |
| Name of Federal Candidate Mr. Mark L Pryor | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">92637.65</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">48.20</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 30 OF 124
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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Kenny Wallis | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 6412 Osage Dr | | Amount 9.24 | |
| City North Little rock | State AR | Zip Code 72116 | Transaction ID : f05aa574-7bef-4d89-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 92637.65 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Virginia T Grant | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 134 Shore Crest Circle | | Amount 20.00 | |
| City Carriere | State MS | Zip Code 39426 | Transaction ID : c438ec21-b0c0-4cce-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 116531.66 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 29.24 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | |

| | | | |
|--|--|---|---|
| Full Name of Payee Virginia T Grant | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div> | |
| Mailing Address 134 Shore Crest Circle | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7.20</div> | |
| City Carriere | State MS | Zip Code 39426 | Transaction ID : df7066f8-5984-4964-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div> |
| Purpose of Expenditure Mileage | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">116531.66</div> | | | |

| | | | |
|--|--|---|---|
| Full Name of Payee Phillip Williams | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div> | |
| Mailing Address 3007 Darden Rd | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">62.50</div> | |
| City Greensboro | State NC | Zip Code 27407 | Transaction ID : 1ab6190a-6fa9-46a8-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div> |
| Purpose of Expenditure Salary | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Ms. Kay Hagan | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">304462.73</div> | | | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">69.70</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
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Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 32 OF 124
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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------|---|---------------------------------------|
| Full Name of Payee Phillip Williams | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 3007 Darden Rd | | Amount 31.20 | |
| City Greensboro | State NC | Zip Code 27407 | Transaction ID : c4180da8-07ca-4e30-b |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------|---|---------------------------------------|
| Full Name of Payee Beverly Williams | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 3007 Darden Rd | | Amount 62.50 | |
| City Greensboro | State NC | Zip Code 27407 | Transaction ID : 9854e073-25d1-4c5d-8 |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 93.70 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | |

| | | | |
|---|-----------------------|--|---------------------------------------|
| Full Name of Payee Chad E Day | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | |
| Mailing Address 168 Emerald Hill | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">117.50</div> | |
| City Forest City | State NC | Zip Code 28043 | Transaction ID : b7b340bf-19bd-4f86-a |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">304462.73</div> | |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------|--|---------------------------------------|
| Full Name of Payee Joneisha Stewart | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | |
| Mailing Address 2329 Runnymede Dr | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">60.00</div> | |
| City Marrero | State LA | Zip Code 70072 | Transaction ID : cc3ab236-0cf0-41d4-b |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">116531.66</div> | |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">177.50</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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FOR SE OF FORM 24/48

| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Daniel E Collison | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 3315 Cardinal Ridge Rd | | Amount 50.00 | |
| City Greensboro | State NC | Zip Code 27410 | Transaction ID : c2b366d5-8901-4966-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Daniel E Collison | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 3315 Cardinal Ridge Rd | | Amount 27.30 | |
| City Greensboro | State NC | Zip Code 27410 | Transaction ID : 36c1b79d-f5cb-4744-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 77.30 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div> | |

| | | | | | |
|---|-------------|-----------------------|--|--|--|
| Full Name of Payee Diane Smith | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | | |
| Mailing Address 4006 Wolkswalk Place | | | Amount 23.00 | | |
| City Raleigh | State NC | Zip Code 27610 | Transaction ID : 5f1d1290-4efc-4878-b | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | | |
| Name of Federal Candidate Ms. Kay Hagan | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | |
| Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |
| Calendar Year-To-Date Per Election for Office Sought | | | 304462.73 | | |

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|---|-------------|-----------------------|--|--|--|
| Full Name of Payee Diane Smith | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | | |
| Mailing Address 4006 Wolkswalk Place | | | Amount 7.50 | | |
| City Raleigh | State NC | Zip Code 27610 | Transaction ID : 122c21e8-5eab-425c-b | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | | |
| Name of Federal Candidate Ms. Kay Hagan | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | |
| Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |
| Calendar Year-To-Date Per Election for Office Sought | | | 304462.73 | | |

| | |
|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 30.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 36 OF 124
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| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|---|-----------------------|---|
| Full Name of Payee Timothy Foley | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 |
| Mailing Address 20679 Glenbrook Terrace | | Amount 50.00 |
| City Sterling | State VA | Zip Code 20165 |
| Purpose of Expenditure Salary | Category/ Type 001 | Transaction ID : 32ef6d3c-958e-4c16-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 |
| Name of Federal Candidate Ms. Kay Hagan | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|---|-----------------------|---|
| Full Name of Payee Christopher Marquess | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 |
| Mailing Address 110 W Pecan St | | Amount 55.00 |
| City Ville Platte | State LA | Zip Code 70586 |
| Purpose of Expenditure Salary | Category/ Type 001 | Transaction ID : 089f10fe-51b5-4d90-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 116531.66 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 105.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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(Schedule E)PAGE 37 OF 124
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| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|---|-----------------------|--|
| Full Name of Payee Christopher Marquess | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 |
| Mailing Address 110 W Pecan St | | Amount 37.20 |
| City Ville Platte | State LA | Zip Code 70586 |
| Purpose of Expenditure Mileage | Category/ Type 002 | Transaction ID : 7f71e4be-eee0-4e2c-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 116531.66 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|---|-----------------------|--|
| Full Name of Payee Lee R Carter | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 |
| Mailing Address 3110 Brentwood Rd | | Amount 100.00 |
| City Raleigh | State NC | Zip Code 27604 |
| Purpose of Expenditure Salary | Category/ Type 001 | Transaction ID : 26852ccc-462d-4b0c-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 |
| Name of Federal Candidate Ms. Kay Hagan | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 137.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|---|-------------|--|---|--|--|
| Full Name of Payee Lee R Carter | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | | |
| Mailing Address 3110 Brentwood Rd | | | Amount 21.30 | | |
| City Raleigh | State NC | Zip Code 27604 | Transaction ID : 53d9bb1f-8ad8-4504-a | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|---|-------------|--|---|--|--|
| Full Name of Payee Francis Richardson | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | | |
| Mailing Address 220 Doucet Rd | | | Amount 27.00 | | |
| City Lafayette | State LA | Zip Code 70503 | Transaction ID : d13ba430-8334-438c-a | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 116531.66 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 48.30 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|---|-------------|--|--|--|--|
| Full Name of Payee Francis Richardson | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div> | | |
| Mailing Address 220 Doucet Rd | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.03</div> | | |
| City Lafayette | State LA | Zip Code 70503 | Transaction ID : 6d41bc9a-6960-47c8-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div> | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Name of Federal Candidate Ms. Mary L Landrieu | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|---|-------------|--|--|--|--|
| Full Name of Payee David Ford | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div> | | |
| Mailing Address 106 Hillside St | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">130.00</div> | | |
| City Spindale | State NC | Zip Code 28160 | Transaction ID : 8eefa4a5-3f47-4f3c-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div> | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Name of Federal Candidate Ms. Kay Hagan | | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

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|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">133.03</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 15 / 2014

Signature

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(Schedule E)PAGE 40 OF 124
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| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ C C00530766 |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | |
|---|--------------------|--|---|--|
| Full Name of Payee David Ford | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 106 Hillside St | | | Amount 49.47 | |
| City Spindale | State NC | Zip Code 28160 | Transaction ID : 62815c1a-470e-4ae6-8 | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|---|--------------------|--|---|--|
| Full Name of Payee Stephanie L Heun | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 8026 S Wilwood Dr Apt 101 | | | Amount 50.00 | |
| City Oak Creek | State WI | Zip Code 53154 | Transaction ID : 976adbc6-6968-42e2-a | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 99.47 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

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Signature

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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------|---|---------------------------------------|
| Full Name of Payee Bradley K Kissinger | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 3113 Imperial Valley Dr. | | Amount 20.00 | |
| City Little Rock | State AR | Zip Code 72212 | Transaction ID : 623c3902-d910-4262-8 |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------|---|---------------------------------------|
| Full Name of Payee Bradley K Kissinger | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 3113 Imperial Valley Dr. | | Amount 16.20 | |
| City Little Rock | State AR | Zip Code 72212 | Transaction ID : 4b01e577-fdba-49d5-9 |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 36.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 42 OF 124
FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Nicole N Ball | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 2528 Mill Creek Rd | | Amount 15.00 | |
| City Newport | State NC | Zip Code 28570 | Transaction ID : d1f4d93b-42d4-443f-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Nicole N Ball | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 2528 Mill Creek Rd | | Amount 10.80 | |
| City Newport | State NC | Zip Code 28570 | Transaction ID : bf02033f-3f08-4fb5-a |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 25.80 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 43 OF 124
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| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|---|-----------------------------|--|
| Full Name of Payee Lucas H Hoyle | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 |
| Mailing Address 282 Falls Ave | | Amount 30.00 |
| City Granite Falls | State NC | Zip Code 28630 |
| Purpose of Expenditure Salary | Category/Type 001 | Transaction ID : 1d1ca8a3-3843-4d11-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 |
| Name of Federal Candidate Ms. Kay Hagan | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|---|-----------------------------|--|
| Full Name of Payee Lucas H Hoyle | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 |
| Mailing Address 282 Falls Ave | | Amount 16.20 |
| City Granite Falls | State NC | Zip Code 28630 |
| Purpose of Expenditure Mileage | Category/Type 002 | Transaction ID : 923a0a8d-7df4-49e7-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 |
| Name of Federal Candidate Ms. Kay Hagan | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 46.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 15 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | |

| | | | |
|---|-------------------|--|---|
| Full Name of Payee David M Bozeman | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | |
| Mailing Address 768 Pine Haven Drive | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">22.50</div> | |
| City Fayetteville | State NC | Zip Code 28306 | Transaction ID : c5bb3bbe-be9e-4f2c-b |
| Purpose of Expenditure Salary | Category/ Type | <div style="border: 1px solid black; padding: 2px;">001</div> | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">304462.73</div> | |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-------------------|--|---|
| Full Name of Payee David M Bozeman | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | |
| Mailing Address 768 Pine Haven Drive | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">3.00</div> | |
| City Fayetteville | State NC | Zip Code 28306 | Transaction ID : 9919242b-21d1-4201-8 |
| Purpose of Expenditure Mileage | Category/ Type | <div style="border: 1px solid black; padding: 2px;">002</div> | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">304462.73</div> | |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">25.50</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|--|---|--|
| Full Name of Payee Ashley n Thompson | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div> | |
| Mailing Address 272 Westgate Ct Apt 6 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12.10</div> | |
| City Lexington | State NC | Zip Code 27295 | Transaction ID : 3f06ac09-cc0f-40b6-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div> |
| Purpose of Expenditure Salary | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">304462.73</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|---|--|---|--|
| Full Name of Payee Ashley n Thompson | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div> | |
| Mailing Address 272 Westgate Ct Apt 6 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.60</div> | |
| City Lexington | State NC | Zip Code 27295 | Transaction ID : f46815dc-69dd-485f-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div> |
| Purpose of Expenditure Mileage | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">304462.73</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">15.70</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

MM / DD / YYYY
09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Randy G Lookabill | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 200 Carawood Lane | | Amount 12.10 | |
| City Lexington | State NC | Zip Code 27295 | Transaction ID : 9fcc424c-efbd-4092-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Cynthia Stewart | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 3001 Pendell Lane | | Amount 50.00 | |
| City Ft. Smith | State AR | Zip Code 72901 | Transaction ID : bae6a786-ff94-4ee1-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 92637.65 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 62.10 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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(Schedule E)

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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-------------------|--|---|
| Full Name of Payee Cynthia Stewart | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 3001 Pendell Lane | | Amount 6.60 | |
| City Ft. Smith | State AR | Zip Code 72901 | Transaction ID : 5241491b-fb5c-450a-9 |
| Purpose of Expenditure Mileage | Category/ Type | 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | 92637.65 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|---|-------------------|--|---|
| Full Name of Payee Vonniqua Jackson | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 111 Westchester Blvd Apt D4 | | Amount 50.00 | |
| City Slidell | State LA | Zip Code 70458 | Transaction ID : 8ecf612a-ccd9-47fd-a |
| Purpose of Expenditure Salary | Category/ Type | 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 116531.66 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 56.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Brooke A Gilham | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 168 Graduate Lane Apt 324 | | Amount 85.00 | |
| City Boone | State NC | Zip Code 28607 | Transaction ID : f8124f68-1360-4640-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Brooke A Gilham | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 168 Graduate Lane Apt 324 | | Amount 35.70 | |
| City Boone | State NC | Zip Code 28607 | Transaction ID : 14c03e07-ac5f-48ac-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 120.70 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Thomas Dias | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 110 Maryella Dr | | Amount 40.00 | |
| City Searcy | State AR | Zip Code 72143 | Transaction ID : f53f3424-23f3-4557-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 92637.65 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Thomas Dias | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 110 Maryella Dr | | Amount 47.10 | |
| City Searcy | State AR | Zip Code 72143 | Transaction ID : a48fb207-4812-4948-8 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 92637.65 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 87.10 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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Signature

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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------|---|---------------------------------------|
| Full Name of Payee James W Blevins | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 108 East Clinton St PO Box 410 | | Amount 30.00 | |
| City Salemberg | State NC | Zip Code 28385 | Transaction ID : 3f797546-85ea-4eb5-8 |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------|---|---------------------------------------|
| Full Name of Payee James W Blevins | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 108 East Clinton St PO Box 410 | | Amount 10.11 | |
| City Salemberg | State NC | Zip Code 28385 | Transaction ID : 3d9bbf98-3a97-4d7f-b |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 40.11 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 15 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-------------------|---|---|
| Full Name of Payee Chris McCoy | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 1025 Cayley Ct | | Amount 55.00 | |
| City High Point | State NC | Zip Code 27260 | Transaction ID : e1c94f40-b7d5-4738-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 |
| Purpose of Expenditure Salary | Category/ Type | 001 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-------------------|---|---|
| Full Name of Payee Chris McCoy | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 1025 Cayley Ct | | Amount 15.60 | |
| City High Point | State NC | Zip Code 27260 | Transaction ID : 6bc21c5f-b94a-4ece-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 |
| Purpose of Expenditure Mileage | Category/ Type | 002 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 70.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 15 / 2014

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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|------------------------------|---|--|
| Full Name of Payee Danielle McCoy | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 1025 Cayley Ct | | Amount 115.00 | |
| City High Point | State NC | Zip Code 27260 | Transaction ID : 338332a0-fbbe-4df8-9 |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|------------------------------|---|--|
| Full Name of Payee Danielle McCoy | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 1025 Cayley Ct | | Amount 21.00 | |
| City High Point | State NC | Zip Code 27260 | Transaction ID : 418318b0-a4fc-4af2-b |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 136.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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(Schedule E)PAGE 53 OF 124
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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Eleanor McCoy | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 4902 Catawba Dr | | Amount 110.00 | |
| City Greensboro | State NC | Zip Code 27407 | Transaction ID : 11c3c7cb-b446-45ae-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Eleanor McCoy | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 4902 Catawba Dr | | Amount 21.90 | |
| City Greensboro | State NC | Zip Code 27407 | Transaction ID : 8e9ff0c0-502b-4ac7-8 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 131.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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Date

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09 / 15 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Jeanne Tribou | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 22369 Ponderosa Dr. | | Amount 50.00 | |
| City Mandeville | State LA | Zip Code 70471 | Transaction ID : f394deb7-09bf-45e4-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 116531.66 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Jeanne Tribou | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 22369 Ponderosa Dr. | | Amount 9.30 | |
| City Mandeville | State LA | Zip Code 70471 | Transaction ID : c858f62d-bdcd-49f7-a |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 116531.66 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 59.30 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee John P Hilkert | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 7 Bards Lane | | Amount 82.50 | |
| City Fletcher | State NC | Zip Code 28732 | Transaction ID : d0ad87e7-332e-4e20-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee John P Hilkert | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 7 Bards Lane | | Amount 7.80 | |
| City Fletcher | State NC | Zip Code 28732 | Transaction ID : f6c8dc6c-ec4b-48c2-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 90.30 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 15 / 2014

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(Schedule E)PAGE 56 OF 124
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| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|---|-----------------------|---|
| Full Name of Payee James Tatro | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 |
| Mailing Address 1208 Braeburn Rd | | Amount 70.00 |
| City Charlotte | State NC | Zip Code 28211 |
| Purpose of Expenditure Salary | Category/ Type 001 | Transaction ID : 93346ef7-57aa-42b2-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 |
| Name of Federal Candidate Ms. Kay Hagan | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|---|-----------------------|---|
| Full Name of Payee James Tatro | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 |
| Mailing Address 1208 Braeburn Rd | | Amount 5.40 |
| City Charlotte | State NC | Zip Code 28211 |
| Purpose of Expenditure Mileage | Category/ Type 002 | Transaction ID : f7dc0e13-854f-4ec9-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 |
| Name of Federal Candidate Ms. Kay Hagan | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 75.40 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div> | |

| | | | |
|---|----------------------|--|---|
| Full Name of Payee Xavier Miller | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 407 randall Dr | | Amount 70.00 | |
| City Searcy | State AR | Zip Code 72143 | Transaction ID : 9d3431d3-b0fc-4f3a-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 |
| Purpose of Expenditure Salary | Category/Type 001 | | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|----------------------|--|---|
| Full Name of Payee Xavier Miller | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 407 randall Dr | | Amount 45.00 | |
| City Searcy | State AR | Zip Code 72143 | Transaction ID : 0797a2fd-d001-4323-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 |
| Purpose of Expenditure Mileage | Category/Type 002 | | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 115.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Christine Stevens | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 100 Asbury Ct | | Amount 70.00 | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : 679ff3de-1de7-449d-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Jazmine d Conner | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 100 ASBURY CT | | Amount 60.00 | |
| City WINCHESTER | State VA | Zip Code 22602 | Transaction ID : 3e3efce4-56ca-446b-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 130.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Jon E Conner | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 100 Asbury Ct | | Amount 60.00 | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : 2c657e76-8035-4be6-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Rodney O Culbreath | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 100 Asbury Ct | | Amount 70.00 | |
| City Winchester | State VA | Zip Code 22602 | Transaction ID : f82c3b19-def9-472f-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 130.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

MM / DD / YYYY
09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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FOR SE OF FORM 24/48

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|---|-----------------------|---|
| Full Name of Payee Rodney D Culbreth | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 |
| Mailing Address 100 Asbury CT 3200 Dam Neck Rd | | Amount 60.00 |
| City Winchester | State VA | Zip Code 22602 |
| Purpose of Expenditure Salary | Category/ Type 001 | Transaction ID : a61b5a24-3068-4250-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 |
| Name of Federal Candidate Ms. Kay Hagan | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|---|-----------------------|---|
| Full Name of Payee Rze Culbreth | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 |
| Mailing Address 100 Asbury Ct | | Amount 60.00 |
| City Winchester | State VA | Zip Code 22602 |
| Purpose of Expenditure Salary | Category/ Type 001 | Transaction ID : 62f80261-339a-4ec7-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 |
| Name of Federal Candidate Ms. Kay Hagan | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 120.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 15 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Ms. Tonya Boyd | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 2357 Fancy Cap Rd | | Amount 40.00 | |
| City Mt. Airy | State NC | Zip Code 27030 | Transaction ID : 2dc9ab28-f9d0-4ca6-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--|-----------------------------|---|--|
| Full Name of Payee Ms. Tonya Boyd | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 2357 Fancy Cap Rd | | Amount 24.84 | |
| City Mt. Airy | State NC | Zip Code 27030 | Transaction ID : 55dd8963-624c-430b-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 64.84 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Earl Stewart | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 9455 Snow Camp Road | | Amount 55.00 | |
| City Snowcamp | State NC | Zip Code 27349 | Transaction ID : d1bb1b4e-08d3-495f-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Earl Stewart | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014 | |
| Mailing Address 9455 Snow Camp Road | | Amount 7.80 | |
| City Snowcamp | State NC | Zip Code 27349 | Transaction ID : 35920fd7-b97a-4bbe-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 62.80 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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09 / 15 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | | | |
|--|--|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ | |
| | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | |

| | | | | | |
|---|-------------|-----------------------|---|--|--|
| Full Name of Payee Shanon Snyder | | | Date of Public Distribution/Dissemination | | |
| Mailing Address 2701 Winifred | | | <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 12 / 2014</div> </div> | | |
| City Metairie | State LA | Zip Code 70003 | Amount 30.00 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Transaction ID : b63d80e1-8d39-46ba-b Date of Disbursement or Obligation | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|---|-------------|-----------------------|---|--|--|
| Full Name of Payee Shanon Snyder | | | Date of Public Distribution/Dissemination | | |
| Mailing Address 2701 Winifred | | | <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 12 / 2014</div> </div> | | |
| City Metairie | State LA | Zip Code 70003 | Amount 6.00 | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Transaction ID : 27a02404-4c5a-4001-a Date of Disbursement or Obligation | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 36.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | | | |
|--|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ | |
| | | <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> C C00530766 </div> | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | |

| | | | | | |
|---|-------------|-----------------------|---|--|--|
| Full Name of Payee Eric J Smith | | | Date of Public Distribution/Dissemination | | |
| Mailing Address 4967 Dysartville | | | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">13</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | | |
| City Morganton | State NC | Zip Code 28655 | Amount 80.00 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Transaction ID : 03fd1a00-daec-4bf0-8 Date of Disbursement or Obligation | | |
| Name of Federal Candidate Ms. Kay Hagan | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|---|-------------|-----------------------|---|--|--|
| Full Name of Payee Jennifer E Smith | | | Date of Public Distribution/Dissemination | | |
| Mailing Address 4967 Dysartville Rd | | | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">13</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | | |
| City Morganton | State NC | Zip Code 28655 | Amount 80.00 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Transaction ID : b581f96a-4aa5-406e-8 Date of Disbursement or Obligation | | |
| Name of Federal Candidate Ms. Kay Hagan | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 160.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

09

15

2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 65 OF 124
FOR SE OF FORM 24/48

| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ C C00530766 |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | |
|---|--------------------|--|---|--|
| Full Name of Payee Jennifer E Smith | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 4967 Dysartsville Rd | | | Amount 7.50 | |
| City Morganton | State NC | Zip Code 28655 | Transaction ID : 86478c65-6a1d-44d7-b | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|---|--------------------|--|---|--|
| Full Name of Payee Caleb Craig | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 1410 Bushville drive | | | Amount 80.00 | |
| City Lenoir | State NC | Zip Code 28645 | Transaction ID : a73d5477-0209-461d-b | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 87.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

MM / DD / YYYY
09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 66 OF 124
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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Krystal A Wilson | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 448 Judson Dr | | Amount 30.00 | |
| City Wake Forest | State NC | Zip Code 27587 | Transaction ID : f2689c0c-4d73-4001-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Krystal A Wilson | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 448 Judson Dr | | Amount 9.30 | |
| City Wake Forest | State NC | Zip Code 27587 | Transaction ID : 4ce2ea55-7286-4e46-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 39.30 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Adena V Smith | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 450 Judson Dr | | Amount 30.00 | |
| City Wake Forest | State NC | Zip Code 27587 | Transaction ID : 6d160385-44d5-4c5b-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|-----------------------------|---|--|
| Full Name of Payee Zachary Vidrine | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 202 Rue Des Cajun | | Amount 20.00 | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : 199be321-e5ef-47c3-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 50.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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09 / 15 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Zachary Vidrine | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 202 Rue Des Cajun | | Amount 11.10 | |
| City Ville Platte | State LA | Zip Code 70586 | Transaction ID : 9c877471-7d24-43e3-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Edward N Walker | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 3 Girard St | | Amount 85.00 | |
| City Ft Smith | State AR | Zip Code 72901 | Transaction ID : 0d00d8dd-a142-4912-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 92637.65 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 96.10 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 69 OF 124
 FOR SE OF FORM 24/48

| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|-----------------------|---|---|
| Full Name of Payee Edward N Walker | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 3 Girard St | | Amount 11.10 | |
| City Ft Smith | State AR | Zip Code 72901 | Transaction ID : ca3758f2-56c3-4c68-9 |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought 92637.65 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------|---|---|
| Full Name of Payee Laura U Logie | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 2565 Shire Circle | | Amount 32.50 | |
| City Harrisonburg | State VA | Zip Code 22801 | Transaction ID : 14d07cd9-7cfa-4859-a |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 43.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| PAGE 70 | OF 124 |
| FOR SE OF FORM 24/48 | |

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|---|--|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/> | |

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|---|-----------------------|--|---------------------------------------|
| Full Name of Payee Lindsey E Helms | | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> | |
| Mailing Address 301 N Clinic Apt 3 | | Amount <input type="text"/> | |
| City Searcy | State AR | Zip Code 72143 | Transaction ID : 4812da8b-0701-49b5-9 |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------|--|---------------------------------------|
| Full Name of Payee Lindsey E Helms | | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> | |
| Mailing Address 301 N Clinic Apt 3 | | Amount <input type="text"/> | |
| City Searcy | State AR | Zip Code 72143 | Transaction ID : 7aa9a5d8-d670-497b-9 |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|----------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <input type="text"/> |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | <input type="text"/> |
| (c) TOTAL Independent Expenditures.....▶ | <input type="text"/> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 71 OF 124
 FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|---|-------------|--|--|--|--|
| Full Name of Payee Ashley n Thompson | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">13</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | | |
| Mailing Address 272 Westgate Ct Apt 6 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">34.60</div> | | |
| City Lexington | State NC | Zip Code 27295 | Transaction ID : fd217bbb-c0ec-4d0f-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">13</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Name of Federal Candidate Ms. Kay Hagan | | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; text-align: right;">304462.73</div> | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | | |
| Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | | Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> | | |

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|---|-------------|--|--|--|--|
| Full Name of Payee Ashley n Thompson | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">13</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | | |
| Mailing Address 272 Westgate Ct Apt 6 | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12.00</div> | | |
| City Lexington | State NC | Zip Code 27295 | Transaction ID : 5dce00cb-5e78-45e7-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">13</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Name of Federal Candidate Ms. Kay Hagan | | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; text-align: right;">304462.73</div> | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | | |
| Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | | Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> | | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">46.60</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

09

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 72 OF 124
FOR SE OF FORM 24/48

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|---|---|--|---|---|---|---|--|--|--|---|---|---|--|--|--|---|---|---|---|---|---|--|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td>D</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> | | M | M | M | | | | D | D | D | | | | Y | Y | Y | Y | Y | Y | | | | | | |
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|---|-------------|--|--|---|-----------|---|---|---|----|--|--|---|---|-----------|---|--|-------|---|---|---|---|---|---|------|--|--|--|--|--|
| Full Name of Payee Randy G Lookabill | | | Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>09</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>13</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | M | M | M | 09 | | | D | D | D | 13 | | | Y | Y | Y | Y | Y | Y | 2014 | | | | | |
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| 2014 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 200 Carawood Lane | | | Amount <table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>34.60</td></tr></table> | | | | | | | | | | | | | | 34.60 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 34.60 | | | | | | | | | | | | | | | | | | | | | | | | |
| City Lexington | State NC | Zip Code 27295 | Transaction ID : 694345df-2740-4045-a Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>09</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>13</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | M | M | M | 09 | | | D | D | D | 13 | | | Y | Y | Y | Y | Y | Y | 2014 | | | | | |
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| 2014 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought | | <table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>304462.73</td></tr></table> | | | | | | | | | | | | 304462.73 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 304462.73 | | | | | | | | | | | | | | | | | | | | | | | | |

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|---|-------------|---|--|---|----------|---|---|---|----|--|--|---|---|----------|---|--|-------|---|---|---|---|---|---|------|--|--|--|--|--|
| Full Name of Payee Monique Guillory | | | Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>09</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>13</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | M | M | M | 09 | | | D | D | D | 13 | | | Y | Y | Y | Y | Y | Y | 2014 | | | | | |
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| 2014 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 409 LaSalle Drive | | | Amount <table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>50.00</td></tr></table> | | | | | | | | | | | | | | 50.00 | | | | | | | | | | | | |
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| | | | | | 50.00 | | | | | | | | | | | | | | | | | | | | | | | | |
| City Little Rock | State AR | Zip Code 72211 | Transaction ID : e8bf52fe-a617-4ec9-9 Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>09</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>13</td><td> </td><td> </td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | M | M | M | 09 | | | D | D | D | 13 | | | Y | Y | Y | Y | Y | Y | 2014 | | | | | |
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| 2014 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought | | <table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>92637.65</td></tr></table> | | | | | | | | | | | | 92637.65 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | | | | | | | | | | | | | |
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| | | | | | 92637.65 | | | | | | | | | | | | | | | | | | | | | | | | |

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| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>84.60</td></tr></table> | | | | | | | | | | | | 84.60 |
| | | | | | | | | | | | | | |
| | | | | | 84.60 | | | | | | | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | <table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | |
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| (c) TOTAL Independent Expenditures.....▶ | <table border="1" style="display:inline-table; margin:0 5px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | |
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Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

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| 2014 | | | | | |

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 73 OF 124
 FOR SE OF FORM 24/48

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|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div> | |

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|---|--|---|---|
| Full Name of Payee Monique Guillory | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div> | |
| Mailing Address 409 LaSalle Drive | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 21.00 </div> | |
| City Little Rock | State AR | Zip Code 72211 | Transaction ID : ae6c23ae-7db1-4ad7-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div> |
| Purpose of Expenditure Mileage | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div> |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 92637.65 </div> | |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|--|---|---|
| Full Name of Payee Patrice Wolfe | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div> | |
| Mailing Address 9909 Treasure Hill Rd | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 50.00 </div> | |
| City Little Rock | State AR | Zip Code 72205 | Transaction ID : 56108fb6-d4fd-45f5-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div> |
| Purpose of Expenditure Salary | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div> |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 92637.65 </div> | |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">71.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 74 OF 124
FOR SE OF FORM 24/48

| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|--|-----------------------------|---|--|
| Full Name of Payee Patrice Wolfe | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 9909 Treasure Hill Rd | | Amount 22.20 | |
| City Little Rock | State AR | Zip Code 72205 | Transaction ID : 7cfec8e0-cca0-45fd-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 92637.65 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|-----------------------------|---|--|
| Full Name of Payee Gary W Fuhrmann | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 9425 Jessica Drive | | Amount 35.00 | |
| City Shreveport | State LA | Zip Code 71106 | Transaction ID : f8776ae7-d32d-41a5-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 116531.66 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 57.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

MM / DD / YYYY
09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|---|-------------|---|--|
| Full Name of Payee Gary W Fuhrmann | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | |
| Mailing Address 9425 Jessica Drive | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14.40</div> | |
| City Shreveport | State LA | Zip Code 71106 | Transaction ID : b42fec87-88ec-4cf1-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> |
| Purpose of Expenditure Mileage | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">116531.66</div> | |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|-------------|---|--|
| Full Name of Payee Carol L Walters | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | |
| Mailing Address 1900 Glen West Way | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div> | |
| City Fort Smith | State AR | Zip Code 72916 | Transaction ID : ba6fd145-7808-4193-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> |
| Purpose of Expenditure Salary | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">92637.65</div> | |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">44.40</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

MM / DD / YYYY
09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 76 OF 124
FOR SE OF FORM 24/48

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|--------------------|---|---|
| Full Name of Payee Carol L Walters | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 1900 Glen West Way | | Amount 7.20 | |
| City Fort Smith | State AR | Zip Code 72916 | Transaction ID : f39d8d79-b6f0-4cb2-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 |
| Purpose of Expenditure Mileage | | Category/ Type 002 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought 92637.65 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--|--------------------|---|---|
| Full Name of Payee Lindsey N Rose | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 615 Live Oak Dr | | Amount 80.00 | |
| City searcy | State AR | Zip Code 72143 | Transaction ID : 2b4df6fc-5d29-4053-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 |
| Purpose of Expenditure Salary | | Category/ Type 001 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought 92637.65 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 87.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

MM / DD / YYYY
09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-------------|--|---|
| Full Name of Payee Lindsey N Rose | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | |
| Mailing Address 615 Live Oak Dr | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">62.82</div> | |
| City searcy | State AR | Zip Code 72143 | Transaction ID : 1227a527-69c1-41f0-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> |
| Purpose of Expenditure Mileage | | Category/ Type 002 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">92637.65</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

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|---|-------------|--|---|
| Full Name of Payee Cynthia Stewart | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | |
| Mailing Address 3001 Pendell Lane | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div> | |
| City Ft. Smith | State AR | Zip Code 72901 | Transaction ID : 5e853fac-f17b-4a8a-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> |
| Purpose of Expenditure Salary | | Category/ Type 001 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">92637.65</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

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|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">102.82</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|---|------------------------------|---|--|
| Full Name of Payee Cynthia Stewart | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 3001 Pendell Lane | | Amount 4.80 | |
| City Ft. Smith | State AR | Zip Code 72901 | Transaction ID : 491b8fcf-ade2-414e-9 |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|------------------------------|---|--|
| Full Name of Payee Kinsey E Beck | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 103 Glenhaven Ct | | Amount 95.00 | |
| City Harvest | State AL | Zip Code 35749 | Transaction ID : f67d7128-91b2-4968-9 |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 99.80 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 79 OF 124
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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|---|-----------------------------|---|--|
| Full Name of Payee Kinsey E Beck | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 103 Glenhaven Ct | | Amount 55.20 | |
| City Harvest | State AL | Zip Code 35749 | Transaction ID : 35cde695-2b3c-4e7b-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 92637.65 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|-----------------------------|---|--|
| Full Name of Payee Heather N Montgomery | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 106 Wyncrest Ct | | Amount 95.00 | |
| City Hendersonville | State TN | Zip Code 37075 | Transaction ID : 237f23d5-edc1-4e29-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 92637.65 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 150.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|---|-----------------------------|---|--|
| Full Name of Payee Chad E Day | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 168 Emerald Hill | | Amount 77.50 | |
| City Forest City | State NC | Zip Code 28043 | Transaction ID : 2b265a13-4b3e-4b19-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|-----------------------------|---|--|
| Full Name of Payee James W Blevins | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 108 East Clinton St PO Box 410 | | Amount 20.00 | |
| City Salemburg | State NC | Zip Code 28385 | Transaction ID : 321374e5-8c34-400f-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 97.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|------------------------------|---|--|
| Full Name of Payee James W Blevins | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 108 East Clinton St PO Box 410 | | Amount 7.71 | |
| City Salemberg | State NC | Zip Code 28385 | Transaction ID : 2ae05446-a6a7-4f5f-8 |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|------------------------------|---|--|
| Full Name of Payee James W Blevins | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 108 East Clinton St PO Box 410 | | Amount 20.00 | |
| City Salemberg | State NC | Zip Code 28385 | Transaction ID : d7be5031-34b2-4a81-9 |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 27.71 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | |

| | | | |
|--|-------------|--|---|
| Full Name of Payee James W Blevins | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014 | |
| Mailing Address 108 East Clinton St PO Box 410 | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7.71</div> | |
| City Salemberg | State NC | Zip Code 28385 | Transaction ID : fb8956d4-7519-44a7-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014 |
| Purpose of Expenditure Mileage | | Category/Type <div style="border: 1px solid black; padding: 2px;">002</div> | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; text-align: right;">304462.73</div> | | | |

| | | | |
|--|-------------|--|---|
| Full Name of Payee James W Blevins | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014 | |
| Mailing Address 108 East Clinton St PO Box 410 | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20.00</div> | |
| City Salemberg | State NC | Zip Code 28385 | Transaction ID : 40faff6f-3e6f-4450-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014 |
| Purpose of Expenditure Salary | | Category/Type <div style="border: 1px solid black; padding: 2px;">001</div> | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; text-align: right;">304462.73</div> | | | |

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|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">27.71</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|---|-------------|--|--|--|--|
| Full Name of Payee James W Blevins | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | | |
| Mailing Address 108 East Clinton St PO Box 410 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7.71</div> | | |
| City Salemburg | State NC | Zip Code 28385 | Transaction ID : dbef7d85-ffef-420c-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | | |
| Purpose of Expenditure Mileage | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | Name of Federal Candidate Ms. Kay Hagan | | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">304462.73</div> | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|---|-------------|--|--|--|--|
| Full Name of Payee Jennifer F Gilbert | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | | |
| Mailing Address 180 McNeil Steep Hollow Rd | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div> | | |
| City Carriere | State MS | Zip Code 39426 | Transaction ID : 0c052e94-8214-44e2-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | | |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | Name of Federal Candidate Ms. Mary L Landrieu | | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">116531.66</div> | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">57.71</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
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Date

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09 / 15 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|---|-----------------------|---|
| Full Name of Payee Jennifer F Gilbert | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 |
| Mailing Address 180 McNeil Steep Hollow Rd | | Amount 0.60 |
| City Carriere | State MS | Zip Code 39426 |
| Purpose of Expenditure Mileage | Category/ Type 002 | Transaction ID : 266bb743-00f9-414a-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 116531.66 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|---|-----------------------|---|
| Full Name of Payee Ruthie M Thompson | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 |
| Mailing Address 286 Wrenn Drive | | Amount 60.00 |
| City Lexington | State NC | Zip Code 27292 |
| Purpose of Expenditure Salary | Category/ Type 001 | Transaction ID : 6b7e2252-a4f0-49ab-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 |
| Name of Federal Candidate Ms. Kay Hagan | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 60.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

MM / DD / YYYY
09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|---|---|--|
| Full Name of Payee Ruthie M Thompson | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | |
| Mailing Address 286 Wrenn Drive | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7.23</div> | |
| City Lexington | State NC | Zip Code 27292 | Transaction ID : c84026df-db02-4a84-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> |
| Purpose of Expenditure Mileage | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | |
| Name of Federal Candidate Ms. Kay Hagan | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">304462.73</div> | | | |

| | | | |
|---|---|---|--|
| Full Name of Payee Benjamin Hernandez | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | |
| Mailing Address 915 E Market Ave | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div> | |
| City Searcy | State AR | Zip Code 72149 | Transaction ID : 113aa5e0-122f-4cb4-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> |
| Purpose of Expenditure Salary | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Mr. Mark L Pryor | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">92637.65</div> | | | |

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|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">87.23</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 15 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div> | |

| | | | | |
|--|--|-------------------|---|--|
| Full Name of Payee Benjamin Hernandez | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div> | |
| Mailing Address 915 E Market Ave | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 57.60 </div> | |
| City Searcy | State AR | Zip Code 72149 | Transaction ID : 88e94f5b-ce21-4b62-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div> | |
| Purpose of Expenditure Mileage | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div> | |
| Name of Federal Candidate Mr. Mark L Pryor | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 92637.65 </div> | | | | |

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|---|--|-------------------|---|--|
| Full Name of Payee Kay Davis | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div> | |
| Mailing Address 5117 Carr Dr | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 40.00 </div> | |
| City Grifton | State NC | Zip Code 28530 | Transaction ID : c62fd28a-54cf-40bc-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div> | |
| Purpose of Expenditure Salary | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div> | |
| Name of Federal Candidate Ms. Kay Hagan | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 304462.73 </div> | | | | |

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|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">97.60</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div> | |

| | | | | | |
|---|-------------|--|---|--|--|
| Full Name of Payee Kay Davis | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | | |
| Mailing Address 5117 Carr Dr | | | Amount 11.10 | | |
| City Grifton | State NC | Zip Code 28530 | Transaction ID : c251b599-0f06-4e4e-8 | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|---|-------------|--|---|--|--|
| Full Name of Payee Jeanne Tribou | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | | |
| Mailing Address 22369 Ponderosa Dr. | | | Amount 50.00 | | |
| City Mandeville | State LA | Zip Code 70471 | Transaction ID : 4db7b34a-ee3a-40b3-8 | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 116531.66 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 61.10 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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 09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|---|--|--|
| Full Name of Payee Jeanne Tribou | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | |
| Mailing Address 22369 Ponderosa Dr. | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10.80</div> | |
| City State Zip Code Mandeville LA 70471 | Transaction ID : cd0c4a11-9a29-40dd-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | | |
| Purpose of Expenditure Mileage | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">116531.66</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--|---|--|--|
| Full Name of Payee Lucas H Hoyle | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | |
| Mailing Address 282 Falls Ave | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div> | |
| City State Zip Code Granite Falls NC 28630 | Transaction ID : 4431cd1f-cf15-4665-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | | |
| Purpose of Expenditure Salary | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Ms. Kay Hagan | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">304462.73</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.80</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|---|-----------------------------|---|--|
| Full Name of Payee Lucas H Hoyle | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 282 Falls Ave | | Amount 32.70 | |
| City Granite Falls | State NC | Zip Code 28630 | Transaction ID : 7ec35d55-c442-4f67-a |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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| Full Name of Payee Gregory Green | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 2506 Bolch Street | | Amount 20.00 | |
| City Shreveport | State LA | Zip Code 71104 | Transaction ID : b56f00a0-fef0-4648-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 116531.66 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 52.70 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 15 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 90 OF 124
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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table> | |

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|---|----------------------|--|--|
| Full Name of Payee Gregory Green | | Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y</table> 09 / 13 / 2014 | |
| Mailing Address 2506 Bolch Street | | Amount <table border="1" style="display:inline-table; margin:0 5px;">13.80</table> | |
| City Shreveport | State LA | Zip Code 71104 | Transaction ID : c90830d0-86f0-4249-8 Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y</table> 09 / 13 / 2014 |
| Purpose of Expenditure Mileage | Category/Type 002 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; margin:0 5px;">116531.66</table> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|----------------------|--|--|
| Full Name of Payee Lily Green | | Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y</table> 09 / 13 / 2014 | |
| Mailing Address 205 Medallion Circle | | Amount <table border="1" style="display:inline-table; margin:0 5px;">20.00</table> | |
| City Shreveport | State LA | Zip Code 71119 | Transaction ID : 51ceb40c-9707-4208-a Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y</table> 09 / 13 / 2014 |
| Purpose of Expenditure Salary | Category/Type 001 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: LA | |
| Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; margin:0 5px;">116531.66</table> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <table border="1" style="display:inline-table; margin:0 5px;">33.80</table> |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | <table border="1" style="display:inline-table; margin:0 5px;"></table> |
| (c) TOTAL Independent Expenditures.....▶ | <table border="1" style="display:inline-table; margin:0 5px;"></table> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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 09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|---|-------------|--|---|--|--|
| Full Name of Payee Lily Green | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | | |
| Mailing Address 205 Medallion Circle | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13.80</div> | | |
| City Shreveport | State LA | Zip Code 71119 | Transaction ID : f10684f7-6a6f-47e9-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | | |
| Purpose of Expenditure Mileage | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | Name of Federal Candidate Ms. Mary L Landrieu | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">116531.66</div> | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | | |

| | | | | | |
|---|-------------|--|---|--|--|
| Full Name of Payee Mattie Harris | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | | |
| Mailing Address 3654 Tara St | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">85.00</div> | | |
| City springdale | State AR | Zip Code 72762 | Transaction ID : 4edd80db-33d5-4c94-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | | |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | Name of Federal Candidate Ms. Kay Hagan | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">304462.73</div> | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | | |

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| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">98.80</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 92 OF 124
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

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|---|--------------------|---|---|
| Full Name of Payee Mattie Harris | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 3654 Tara St | | Amount 45.00 | |
| City springdale | State AR | Zip Code 72762 | Transaction ID : e36675d3-7c44-44eb-9 |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--|--------------------|---|---|
| Full Name of Payee Marysol Netro | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 312 S Gunter St | | Amount 40.00 | |
| City Siloam Springs | State AR | Zip Code 72761 | Transaction ID : a407cfe7-4831-4b7e-9 |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought 92637.65 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 85.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 15 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | | | |
|--|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ | |
| | | <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> C C00530766 </div> | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | |

| | | | | | |
|--|-------------|---|--|--|--|
| Full Name of Payee Marysol Netro | | | Date of Public Distribution/Dissemination | | |
| Mailing Address 312 S Gunter St | | | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">13</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | | |
| City Siloam Springs | State AR | Zip Code 72761 | Amount <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">6.00</div> | | |
| Purpose of Expenditure Mileage | | Category/ Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">002</div> | Transaction ID : d22697ac-6e0f-4583-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">13</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | | |
| Name of Federal Candidate Mr. Mark L Pryor | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |
| <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">92637.65</div> | | | | | |

| | | | | | |
|---|-------------|---|--|--|--|
| Full Name of Payee David Ford | | | Date of Public Distribution/Dissemination | | |
| Mailing Address 106 Hillside St | | | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">13</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | | |
| City Spindale | State NC | Zip Code 28160 | Amount <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">77.50</div> | | |
| Purpose of Expenditure Salary | | Category/ Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">001</div> | Transaction ID : 593d004c-ea8d-4568-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">13</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> | | |
| Name of Federal Candidate Ms. Kay Hagan | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |
| <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">304462.73</div> | | | | | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">83.50</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee David Ford | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 106 Hillside St | | Amount 34.38 | |
| City Spindale | State NC | Zip Code 28160 | Transaction ID : c95d18ad-f43d-4764-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Hannah E Baker | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 5307 South State Road 135 | | Amount 85.00 | |
| City Morgantown | State IN | Zip Code 46160 | Transaction ID : 8fba87d4-f50a-4eb6-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 92637.65 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|--|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 119.38 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 15 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | |

| | | | |
|---|-------------------|--|---|
| Full Name of Payee Francis Richardson | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | |
| Mailing Address 220 Doucet Rd | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20.00</div> | |
| City Lafayette | State LA | Zip Code 70503 | Transaction ID : ff7494bb-c280-4bd7-b |
| Purpose of Expenditure Salary | Category/ Type | <div style="border: 1px solid black; padding: 2px;">001</div> | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">116531.66</div> | |
| | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-------------------|--|---|
| Full Name of Payee Francis Richardson | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | |
| Mailing Address 220 Doucet Rd | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1.92</div> | |
| City Lafayette | State LA | Zip Code 70503 | Transaction ID : e021cd4d-49a8-4d8a-8 |
| Purpose of Expenditure Mileage | Category/ Type | <div style="border: 1px solid black; padding: 2px;">002</div> | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">116531.66</div> | |
| | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">21.92</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 96 OF 124
 FOR SE OF FORM 24/48

| | | | |
|---|--|---|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> | |

| | | | | | |
|---|-------------|----------------------|---|--|--|
| Full Name of Payee Theresa a Youngblood | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | | |
| Mailing Address 102 S Main Street Apt A2 | | | Amount 80.00 Transaction ID : 10d2a49e-110d-44f2-9 | | |
| City Berryville | State VA | Zip Code 22611 | | | |
| Purpose of Expenditure Salary | | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | | |
| Name of Federal Candidate Ms. Kay Hagan | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|---|-------------|----------------------|---|--|--|
| Full Name of Payee ERIC TABARY | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | | |
| Mailing Address 6101 NORA ST | | | Amount 75.00 Transaction ID : 563ba24b-d281-41b5-a | | |
| City METAIRIE | State LA | Zip Code 70003 | | | |
| Purpose of Expenditure Salary | | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | | |
| Calendar Year-To-Date Per Election for Office Sought 116531.66 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 155.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 09 / 15 / 2014

Signature

| | | | |
|---|-------|--|---|
| Full Name of Payee Courtney Goldstein | | Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 13 / 2014</div> </div> | |
| Mailing Address 1809 N Woodlawn | | Amount <div> <div>Amount</div> <div>12.50</div> </div> | |
| City | State | Zip Code | Transaction ID : 4d8c1562-aacc-47b6-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 13 / 2014</div> </div> |
| Metairie | LA | 70001 | |
| Purpose of Expenditure Salary | | Category/ Type | 001 |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | |
| | | <div> <div>Amount</div> <div>116531.66</div> </div> | |

| | | |
|--|---|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 81.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

MM / DD / YYYY

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 99 OF 124
 FOR SE OF FORM 24/48

| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div> | |

| | | | |
|---|---|--|--|
| Full Name of Payee Courtney Goldstein | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014 </div> | |
| Mailing Address 1809 N Woodlawn | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 7.20 </div> | |
| City State Zip Code Metairie LA 70001 | Transaction ID : 0ecdc7ff-c5fc-4a27-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014 </div> | | |
| Purpose of Expenditure Mileage | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Ms. Mary L Landrieu | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 116531.66 </div> | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|---|--|--|
| Full Name of Payee Phillip Williams | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014 </div> | |
| Mailing Address 3007 Darden Rd | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 92.50 </div> | |
| City State Zip Code Greensboro NC 27407 | Transaction ID : da62a869-21a2-4588-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014 </div> | | |
| Purpose of Expenditure Salary | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Ms. Kay Hagan | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 304462.73 </div> | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">99.70</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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 09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 100 OF 124
 FOR SE OF FORM 24/48

| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|---|----------|---|--|--|--|
| Full Name of Payee Phillip Williams | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | | |
| Mailing Address 3007 Darden Rd | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">34.50</div> | | |
| City Greensboro | State NC | Zip Code 27407 | Transaction ID : 7112ab68-6467-41a7-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | | |
| Purpose of Expenditure Mileage | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | | |
| Name of Federal Candidate Ms. Kay Hagan | | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC </div> </div> | | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">304462.73</div> | | |
| | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|---|----------|---|--|--|--|
| Full Name of Payee Beverly Williams | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | | |
| Mailing Address 3007 Darden Rd | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">92.50</div> | | |
| City Greensboro | State NC | Zip Code 27407 | Transaction ID : 4575f917-884d-40ea-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | | |
| Purpose of Expenditure Salary | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | | |
| Name of Federal Candidate Ms. Kay Hagan | | | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC </div> </div> | | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">304462.73</div> | | |
| | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">127.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 101 OF 124
FOR SE OF FORM 24/48

| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|--|-------------|---|--|--|--|
| Full Name of Payee Brooke A Gilham | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | | |
| Mailing Address 168 Graduate Lane Apt 324 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div> | | |
| City Boone | State NC | Zip Code 28607 | Transaction ID : 9159a1e7-7aae-49a1-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | | |
| Purpose of Expenditure Salary | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | | |
| Name of Federal Candidate Ms. Kay Hagan | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">304462.73</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|--|-------------|---|--|--|--|
| Full Name of Payee Brooke A Gilham | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | | |
| Mailing Address 168 Graduate Lane Apt 324 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">35.40</div> | | |
| City Boone | State NC | Zip Code 28607 | Transaction ID : 2aa9f7c1-47a0-424e-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | | |
| Purpose of Expenditure Mileage | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | | |
| Name of Federal Candidate Ms. Kay Hagan | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">304462.73</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">115.40</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 102 OF 124
 FOR SE OF FORM 24/48

| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|---|-------------|---|--|--|--|
| Full Name of Payee Lisa a Bernardini | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | | |
| Mailing Address 1326 East Field St | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div> | | |
| City Conway | State AR | Zip Code 72034 | Transaction ID : 2d3cfc00-d9f3-4cb6-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | | |
| Purpose of Expenditure Salary | | Category/Type 001 | Name of Federal Candidate Mr. Mark L Pryor | | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">92637.65</div> | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|---|-------------|---|--|--|--|
| Full Name of Payee Lisa a Bernardini | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | | |
| Mailing Address 1326 East Field St | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">348.60</div> | | |
| City Conway | State AR | Zip Code 72034 | Transaction ID : 59dfa5bd-6fc4-4693-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | | |
| Purpose of Expenditure Mileage | | Category/Type 002 | Name of Federal Candidate Mr. Mark L Pryor | | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">92637.65</div> | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">398.60</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 103 OF 124
FOR SE OF FORM 24/48

| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------|---|---|
| Full Name of Payee Joneisha Stewart | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 2329 Runnymede Dr | | Amount 60.00 | |
| City Marrero | State LA | Zip Code 70072 | Transaction ID : 4ed4e94c-d5c9-455c-9 |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 116531.66 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------|---|---|
| Full Name of Payee Joneisha Stewart | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 2329 Runnymede Dr | | Amount 8.40 | |
| City Marrero | State LA | Zip Code 70072 | Transaction ID : f969c66e-77b9-49fc-9 |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought 116531.66 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 68.40 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

MM / DD / YYYY
09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | |

| | | | |
|--|-----------------------------|--|--|
| Full Name of Payee John P Hilkert | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014 | |
| Mailing Address 7 Bards Lane | | Amount 62.50 | |
| City Fletcher | State NC | Zip Code 28732 | Transaction ID : 33f4390d-d4dc-4557-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|-----------------------------|--|--|
| Full Name of Payee John P Hilkert | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014 | |
| Mailing Address 7 Bards Lane | | Amount 8.40 | |
| City Fletcher | State NC | Zip Code 28732 | Transaction ID : 9e64ae55-5a55-4121-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 70.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|---|-------------|---|---|--|--|
| Full Name of Payee Adrian Dudley | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | | |
| Mailing Address 4367 Split Log Rd | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div> | | |
| City Goodman | State MO | Zip Code 64843 | Transaction ID : 1ed98de2-81ff-4b37-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | | |
| Purpose of Expenditure Salary | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | Name of Federal Candidate Mr. Mark L Pryor | | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">92637.65</div> | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|---|-------------|---|---|--|--|
| Full Name of Payee Adrian Dudley | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | | |
| Mailing Address 4367 Split Log Rd | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div> | | |
| City Goodman | State MO | Zip Code 64843 | Transaction ID : 412d4475-7291-4196-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | | |
| Purpose of Expenditure Salary | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | Name of Federal Candidate Mr. Mark L Pryor | | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">92637.65</div> | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">160.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

MM / DD / YYYY
09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 106 OF 124
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| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-------------|---|--|
| Full Name of Payee Katlyn P Bernardini | | Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>13</div><div>2014</div></div> | |
| Mailing Address 1326 East Field St | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div> | |
| City Conway | State AR | Zip Code 72034 | Transaction ID : 9130a3cf-0c26-4afb-8 Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>13</div><div>2014</div></div> |
| Purpose of Expenditure Salary | | Category/Type 001 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">92637.65</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-------------|---|--|
| Full Name of Payee Katlyn P Bernardini | | Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>13</div><div>2014</div></div> | |
| Mailing Address 1326 East Field St | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">18.60</div> | |
| City Conway | State AR | Zip Code 72034 | Transaction ID : b0bcb11d-2396-48bc-a Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>13</div><div>2014</div></div> |
| Purpose of Expenditure Mileage | | Category/Type 002 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">92637.65</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">68.60</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 107 OF 124
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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Vonniqua Jackson | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 111 Westchester Blvd Apt D4 | | Amount 63.00 | |
| City Slidell | State LA | Zip Code 70458 | Transaction ID : 1a358605-f7fd-4c30-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 116531.66 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Sarinda S Dudley | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 4367 Splitlog Rd | | Amount 80.00 | |
| City Goodman | State MO | Zip Code 64843 | Transaction ID : fa1fa338-369d-4b5f-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 92637.65 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 143.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 108 OF 124
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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|---|-------------|-----------------------|---|--|--|
| Full Name of Payee Sarinda S Dudley | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | | |
| Mailing Address 4367 Splitlog Rd | | | Amount 27.00 | | |
| City Goodman | State MO | Zip Code 64843 | Transaction ID : 56ef00cb-0b4d-4cb7-9 | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | | |
| Name of Federal Candidate Mr. Mark L Pryor | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|---|-------------|-----------------------|---|--|--|
| Full Name of Payee Lee R Carter | | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | | |
| Mailing Address 3110 Brentwood Rd | | | Amount 85.00 | | |
| City Raleigh | State NC | Zip Code 27604 | Transaction ID : 82ca3cd0-04c3-406c-a | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | | |
| Name of Federal Candidate Ms. Kay Hagan | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|---|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 112.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|---|--|---|
| Full Name of Payee Lee R Carter | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | |
| Mailing Address 3110 Brentwood Rd | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">17.70</div> | |
| City Raleigh | State NC | | |
| Purpose of Expenditure Mileage | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | Transaction ID : c5b0a40f-f80c-45a5-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">304462.73</div> | |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|---|--|---|
| Full Name of Payee Sandra C Montalbano | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | |
| Mailing Address 4177 Lowerline St | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div> | |
| City Slidell | State LA | | |
| Purpose of Expenditure Salary | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | Transaction ID : 18ddff06-bdc2-4c5c-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">116531.66</div> | |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">67.70</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|--|---|--|
| Full Name of Payee Sandra C Montalbano | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | |
| Mailing Address 4177 Lowerline St | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.60</div> | |
| City Slidell | State LA | Zip Code 70461 | Transaction ID : de18a4aa-50e9-4d22-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> |
| Purpose of Expenditure Mileage | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">116531.66</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|--|---|--|
| Full Name of Payee Shantal C Culbreath | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | |
| Mailing Address 4691 Hercules Lane | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div> | |
| City Woodbridge | State VA | Zip Code 22193 | Transaction ID : a7a37ab3-8e82-4549-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> |
| Purpose of Expenditure Salary | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Ms. Kay Hagan | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">304462.73</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">103.60</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 15 / 2014

Signature

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(Schedule E)PAGE 111 OF 124
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| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|----------------------|---|---|
| Full Name of Payee Sandra C Montalbano | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 4177 Lowerline St | | Amount 50.00 | |
| City Slidell | State LA | Zip Code 70461 | Transaction ID : 7f7dad2f-a03d-408c-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 |
| Purpose of Expenditure Salary | Category/Type 001 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|----------------------|---|---|
| Full Name of Payee Sandra C Montalbano | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 4177 Lowerline St | | Amount 3.60 | |
| City Slidell | State LA | Zip Code 70461 | Transaction ID : 6afb321f-54b6-47f8-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 |
| Purpose of Expenditure Mileage | Category/Type 002 | | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 53.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 15 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 112 OF 124
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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Kenny Wallis | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 6412 Osage Dr | | Amount 15.00 | |
| City North Little rock | State AR | Zip Code 72116 | Transaction ID : fa78c328-7c70-4eec-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 92637.65 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Kenny Wallis | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 6412 Osage Dr | | Amount 7.95 | |
| City North Little rock | State AR | Zip Code 72116 | Transaction ID : a0fa0874-c7e1-42c8-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 92637.65 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 22.95 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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09 / 15 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|---|--|--|
| Full Name of Payee Rebecca A Shearer | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | |
| Mailing Address 6544 Arno College Grove Rd | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">90.00</div> | |
| City State Zip Code College Grove TN 37046 | Transaction ID : 7579a700-1268-4c58-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | | |
| Purpose of Expenditure Salary | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Mr. Mark L Pryor | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">92637.65</div> | | | |

| | | | |
|---|---|--|--|
| Full Name of Payee Parker H Morrow | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | |
| Mailing Address 506 N Horton Street | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">90.00</div> | |
| City State Zip Code Searcy AR 72143 | Transaction ID : 119629c0-1593-4adf-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | | |
| Purpose of Expenditure Salary | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | |
| Name of Federal Candidate Mr. Mark L Pryor | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">92637.65</div> | | | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">180.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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09 / 15 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|---|-----------------------|--|
| Full Name of Payee Parker H Morrow | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 |
| Mailing Address 506 N Horton Street | | Amount 87.90 |
| City Searcy | State AR | Zip Code 72143 |
| Purpose of Expenditure Mileage | Category/ Type 002 | Transaction ID : a1be3c1b-b112-491d-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 |
| Name of Federal Candidate Mr. Mark L Pryor | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|---|-----------------------|--|
| Full Name of Payee Randy M Gold | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 |
| Mailing Address 1436 Haigs Creek Dr | | Amount 130.00 |
| City Elgin | State SC | Zip Code 29045 |
| Purpose of Expenditure Salary | Category/ Type 001 | Transaction ID : 2c08eb35-cc52-47c3-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 |
| Name of Federal Candidate Mr. Mark L Pryor | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 217.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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09 / 15 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|--------------------|--|---|
| Full Name of Payee Randy M Gold | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 1436 Haigs Creek Dr | | Amount 86.67 | |
| City Elgin | State SC | Zip Code 29045 | Transaction ID : 697620b9-707f-424b-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 |
| Purpose of Expenditure Mileage | | Category/ Type 002 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | 92637.65 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|---|--------------------|--|---|
| Full Name of Payee Kaleigh J Wagner | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 18065 Wayne Rd | | Amount 130.00 | |
| City Odessa | State FL | Zip Code 33556 | Transaction ID : 2961fbb5-73f2-4ac6-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 |
| Purpose of Expenditure Salary | | Category/ Type 001 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | 92637.65 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 216.67 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

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09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| | | | |
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Shelbi L Randall | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 202 East Park Ave Apt 40 | | Amount 130.00 | |
| City Searcy | State AR | Zip Code 72143 | Transaction ID : dded8822-7d25-4c90-8 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 92637.65 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Taylor N Randall | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 2002 E Park Ave Apt 40 | | Amount 130.00 | |
| City Searcy | State AR | Zip Code 72143 | Transaction ID : bc022fca-358d-4a33-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 92637.65 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 260.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|------------------------------|---|--|
| Full Name of Payee Taylor N Randall | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 2002 E Park Ave Apt 40 | | Amount 50.49 | |
| City Searcy | State AR | Zip Code 72143 | Transaction ID : 1d82e750-836b-4b51-b |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|------------------------------|---|--|
| Full Name of Payee Kaitlyn B Allen | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 2121 Daniel Dr | | Amount 80.00 | |
| City Searcy | State AR | Zip Code 72143 | Transaction ID : 0a3c2315-35f4-439d-b |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 130.49 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|------------------------------|---|--|
| Full Name of Payee Kaitlyn B Allen | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 2121 Daniel Dr | | Amount 61.74 | |
| City Searcy | State AR | Zip Code 72143 | Transaction ID : 224c0e63-6ae1-4598-a |
| Purpose of Expenditure Mileage | Category/ Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| 92637.65 | | | |

| | | | |
|---|------------------------------|---|--|
| Full Name of Payee Tylan S Green | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 2320 Saint Nick Dr | | Amount 70.00 | |
| City New Orleans | State LA | Zip Code 70131 | Transaction ID : a6a48db8-ba5d-4d49-b |
| Purpose of Expenditure Salary | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Ms. Mary L Landrieu | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| 116531.66 | | | |

| | |
|--|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 131.74 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|--|--|--|
| Full Name of Payee Tylan S Green | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | |
| Mailing Address 2320 Saint Nick Dr | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13.50</div> | |
| City New Orleans | State LA | | |
| Purpose of Expenditure Mileage | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> | Transaction ID : b98ebd28-8d8f-4d2c-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | |
| Name of Federal Candidate Ms. Mary L Landrieu | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">116531.66</div> | | | |

| | | | |
|---|--|--|--|
| Full Name of Payee Carla A Wells | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | |
| Mailing Address 2013 Woodwind Way | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">35.00</div> | |
| City Van Buren | State NC | | |
| Purpose of Expenditure Salary | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | Transaction ID : 93b308c5-34b9-4725-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | |
| Name of Federal Candidate Mr. Mark L Pryor | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">92637.65</div> | | | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">48.50</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

MM / DD / YYYY
09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|--------------------|---|---|
| Full Name of Payee Carla A Wells | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 2013 Woodwind Way | | Amount 7.50 | |
| City Van Buren | State NC | Zip Code 72956 | Transaction ID : fe294970-272e-428d-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 |
| Purpose of Expenditure Mileage | | Category/ Type 002 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought 92637.65 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|--------------------|---|---|
| Full Name of Payee Brenda L McCune | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 1254 Fleming St Apt 6 | | Amount 25.00 | |
| City Conway | State AR | Zip Code 72032 | Transaction ID : eb30f103-687b-4d84-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 |
| Purpose of Expenditure Salary | | Category/ Type 001 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought 92637.65 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 32.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 15 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 121 OF 124
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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|--|-----------------------------|---|--|
| Full Name of Payee Brenda L McCune | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 1254 Fleming St Apt 6 | | Amount 10.20 | |
| City Conway | State AR | Zip Code 72032 | Transaction ID : f0a047b2-3908-4f88-b |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 92637.65 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Chris McCoy | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 | |
| Mailing Address 1025 Cayley Ct | | Amount 30.00 | |
| City High Point | State NC | Zip Code 27260 | Transaction ID : 54c0c2ad-41c2-4bd7-b |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 40.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 15 / 2014

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(Schedule E)PAGE 122 OF 124
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| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | |
|---|-----------------------|---|
| Full Name of Payee Chris McCoy | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 |
| Mailing Address 1025 Cayley Ct | | Amount 13.80 |
| City High Point | State NC | Zip Code 27260 |
| Purpose of Expenditure Mileage | Category/ Type 002 | Transaction ID : 9705dac2-8193-4cf5-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 |
| Name of Federal Candidate Ms. Kay Hagan | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|---|-----------------------|---|
| Full Name of Payee Danielle McCoy | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014 |
| Mailing Address 1025 Cayley Ct | | Amount 20.00 |
| City High Point | State NC | Zip Code 27260 |
| Purpose of Expenditure Salary | Category/ Type 001 | Transaction ID : 4bb5c8e8-4da4-4695-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014 |
| Name of Federal Candidate Ms. Kay Hagan | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|-------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 33.80 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

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Date

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09 / 15 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | |
|--|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|---|-------------|--|---|--|--|
| Full Name of Payee Danielle McCoy | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | | |
| Mailing Address 1025 Cayley Ct | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12.30</div> | | |
| City High Point | State NC | Zip Code 27260 | Transaction ID : 64cd861c-61ba-4481-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Name of Federal Candidate Ms. Kay Hagan | | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">304462.73</div> | | |
| Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 | | | <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|---|-------------|--|---|--|--|
| Full Name of Payee Timothy Foley | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | | |
| Mailing Address 20679 Glenbrook Terrace | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div> | | |
| City Sterling | State VA | Zip Code 20165 | Transaction ID : a44c7016-9e34-4cac-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 13 / 2014</div> </div> | | |
| Purpose of Expenditure Salary | | Category/ Type 001 | Name of Federal Candidate Ms. Kay Hagan | | |
| Name of Federal Candidate Ms. Kay Hagan | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC | | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">304462.73</div> | | |
| Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 | | | <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">32.30</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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Date

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09 / 15 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Thomas Dias | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014 | |
| Mailing Address 110 Maryella Dr | | Amount 80.00 | |
| City Searcy | State AR | Zip Code 72143 | Transaction ID : 5b2395f3-ea46-41ef-9 |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 92637.65 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Thomas Dias | | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014 | |
| Mailing Address 110 Maryella Dr | | Amount 59.40 | |
| City Searcy | State AR | Zip Code 72143 | Transaction ID : 063ca8a3-00d4-48a3-9 |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 92637.65 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 139.40 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | 10382.31 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

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09 / 15 / 2014

Signature